

**CALL/VOLUNTEER FIREFIGHTER TRAINING PROGRAM  
MASSACHUSETTS FIREFIGHTING ACADEMY**

***MEDICAL STATUS REPORT***

Firefighter's Name: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

The above named firefighter has had a medical examination within the past **TWELVE MONTHS** in accordance with the Massachusetts Fire Training Council suggested guidelines for medical evaluation of applicants for the Massachusetts Firefighting Academy Call /Volunteer Firefighter Training Program. The findings of that examination indicate that this firefighter has no significant abnormalities that would interfere with vigorous physical fitness activities or the individual's job performance as a firefighter in training.

Signature - Chief of the Department: \_\_\_\_\_